



640 Whiteville Road NW  
PO Box 3198  
Shallotte, NC 28459

www.atmc.net

REDACTED – FOR PUBLIC INSPECTION

Received & Inspected

OCT 28 2013

FCC Mail Room

October 15, 2013

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW, Room TW-A325  
Washington DC 20554

**RE: WC Docket Nos. 10-90 and 11-42  
2013 ETC Annual Report of Atlantic Telephone Membership Corporation  
Study Area Code 230468**

Dear Ms. Dortch:

Pursuant to sections 54.313 and 54.422 of the Commission's rules<sup>1</sup>, Atlantic Telephone Membership Corporation files the attached confidential and redacted versions of the FCC Form 481 and attachments.

Atlantic Telephone Membership Corporation seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information<sup>2</sup>.

Please direct any questions regarding the filing to me at 910-755-1782 or via email at [lgraff@atmc.coop](mailto:lgraff@atmc.coop).

Sincerely,

A handwritten signature in cursive script, appearing to read "Laura Graff", is written over the typed name.

Laura Graff

Regulatory Manager

CC: Charles Tyler, Telecommunications Access Policy Division, Wireline Competition Bureau  
Frances Liles, North Carolina Rural Electrification Authority

No. of Copies rec'd  
List ABCDE

0+1

<sup>1</sup> 47 C.F.R. §§ 54.313, 54.422.

<sup>2</sup> *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

<b>FCC Form 481 - Carrier Annual Reporting</b> <b>Data Collection Form</b>	<small>FCC Form 481</small> <small>OMB Control No. 3060-0985/OMB Control No. 3060-0819</small> <small>July 2013</small>
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<010> Study Area Code	230468		
<015> Study Area Name	ATLANTIC MEMBERSHIP	<div style="font-size: 1.2em; font-weight: bold;">Received &amp; Inspected</div> <div style="font-size: 1.5em; font-weight: bold;">OCT 28 2013</div> <div style="font-size: 1.2em; font-weight: bold;">FCC Mail Room</div>	
<020> Program Year	2014		
<030> Contact Name: Person USAC should contact with questions about this data	Laura Graff		
<035> Contact Telephone Number: Number of the person identified in data line <030>	910-755-1782		
<039> Contact Email Address: Email of the person identified in data line <030>	lgraff@atmc.coop		

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
<small>(check box when complete)</small>				
<100> Service Quality Improvement Reporting	<small>(complete attached worksheet)</small>			
<200> Outage Reporting (voice)	<small>(complete attached worksheet)</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>		
<310> Detail on Attempts (voice)				
<320> Unfulfilled Service Requests (broadband)				
<330> Detail on Attempts (broadband)				
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<410> Fixed	0.0			
<420> Mobile	0.0			
<430> Number of Complaints per 1,000 customers (broadband)				
<440> Fixed				
<450> Mobile				
<500> Service Quality Standards & Consumer Protection Rules Compliance	<small>(check to indicate certification)</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<510> 230468NC510	<small>(attach descriptive document)</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<600> Functionality in Emergency Situations	<small>(check to indicate certification)</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<610> 230468NC610	<small>(attach descriptive document)</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<700> Company Price Offerings (voice)	<small>(complete attached worksheet)</small>			
<710> Company Price Offerings (broadband)	<small>(complete attached worksheet)</small>			
<800> Operating Companies and Affiliates	<small>(complete attached worksheet)</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	<small>(if yes, complete attached worksheet)</small>			
<1000> Voice Services Rate Comparability	<small>(check to indicate certification)</small>			
<1010> <input type="checkbox"/>	<small>(attach descriptive document)</small>			
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	<small>(if not, check to indicate certification)</small>			
<1110>	<small>(complete attached worksheet)</small>			
<1200> Terms and Condition for Lifeline Customers	<small>(complete attached worksheet)</small>			<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

<2000>	<small>(check to indicate certification)</small>		
<2005>	<small>(complete attached worksheet)</small>		

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	<small>(check to indicate certification)</small>	<input checked="" type="checkbox"/>	
<3005>	<small>(complete attached worksheet)</small>		

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	230468
<015>	Study Area Name	ATLANTIC MEMBERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Laura Graff
<035>	Contact Telephone Number - Number of person identified in data line <030>	910-755-1782
<039>	Contact Email Address - Email Address of person identified in data line <030>	lgraff@atmc.coop

<110>	Has your company received its ETC certification from the FCC?	(yes / no)	<input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5		
<111>	year plan" filed with the FCC?	(yes / no)	<input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

\_\_\_\_\_  
Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	<input type="checkbox"/>
<114>	Report how much universal service (USF) support was received	<input type="checkbox"/>
<115>	How (USF) was used to improve service quality	<input type="checkbox"/>
<116>	How (USF) was used to improve service coverage	<input type="checkbox"/>
<117>	How (USF) was used to improve service capacity	<input type="checkbox"/>
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

(200) Service Outage Reporting (Voice)  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

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<035>	Contact Telephone Number - Number of person identified in data line <030>	910-755-1782
<039>	Contact Email Address - Email Address of person identified in data line <030>	lgraff@atmc.coop

[illegible]

<010>	Study Area Code	230468
<015>	Study Area Name	ATLANTIC MEMBERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Laura Graff
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<039>	Contact Email Address - Email Address of person identified in data line <030>	lgraff@atmc.coop

<701> Residential Local Service Charge Effective Date  
<702> Single State-wide Residential Local Service Charge

1/1/2013

<703>

[illegible]

(710) Broadband Price Offerings  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	230468
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<015> Study Area Name	ATLANTIC MEMBERSHIP
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<020> Program Year	2014
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<030>	Contact Name - Person USAC should contact regarding this data	Laura Graff
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<035>	Contact Telephone Number - Number of person identified in data line <030>	910-755-1782
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<039> Contact Email Address - Email Address of person identified in data line <030> lgraff@atmc.coop

[illegible]

(800) Operating Companies  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	230468
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<030>	Contact Name - Person USAC should contact regarding this data	Laura Graff
<035>	Contact Telephone Number - Number of person identified in data line <030>	910-755-1782
<039>	Contact Email Address - Email Address of person identified in data line <030>	lgraff@atmc.coop
<810>	Reporting Carrier	Atlantic Telephone Membership Corporation
<811>	Holding Company	
<812>	Operating Company	

[illegible]

**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	230468
<015>	Study Area Name	ATLANTIC MEMBERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Laura Graff
<035>	Contact Telephone Number - Number of person identified in data line <030>	910-755-1782
<039>	Contact Email Address - Email Address of person identified in data line <030>	lgraff@atmc.coop

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	230468
<015>	Study Area Name	ATLANTIC MEMBERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Laura Graff
<035>	Contact Telephone Number - Number of person identified in data line <030>	910-755-1782
<039>	Contact Email Address - Email Address of person identified in data line <030>	lgraff@atmc.coop

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010>	Study Area Code	230468
<015>	Study Area Name	ATLANTIC MEMBERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Laura Graff
<035>	Contact Telephone Number - Number of person identified in data line <030>	910-755-1782
<039>	Contact Email Address - Email Address of person identified in data line <030>	lgraff@atmc.coop

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP <http://www.atmc.net/res/phoneservices.aspx>

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- |        |   |                                     |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan,  | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan.  | <input checked="" type="checkbox"/> |

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	230468
<015>	Study Area Name	ATLANTIC MEMBERSHIP
<020>	Program Year	2014
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<035>	Contact Telephone Number - Number of person identified in data line <030>	910-755-1782
<039>	Contact Email Address - Email Address of person identified in data line <030>	lgraff@atmc.coop

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}	<input type="checkbox"/>
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
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Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>

<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information	<input type="text"/>
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(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

PCC Form 481

OMB Control No. 3060-0985/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	230468
<015>	Study Area Name	ATLANTIC MEMBERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Laura Graff
<035>	Contact Telephone Number - Number of person identified in data line <030>	910-755-1782
<039>	Contact Email Address - Email Address of person identified in data line <030>	lgraff@atmc.coop

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

### Progress Report on 5 Year Plan

(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012,	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3011)	contains the required information pursuant to § 54.313(f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))		<input checked="" type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input checked="" type="checkbox"/>
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	230468NC3017
(3018)	If the response is no on line 3014, is your company audited?  If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/> (Yes/No)
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	230468
<015> Study Area Name	ATLANTIC MEMBERSHIP
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Laura Graff
<035> Contact Telephone Number - Number of person identified in data line <030>	910-755-1782
<039> Contact Email Address - Email Address of person identified in data line <030>	lgraff@atmc.coop

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	ATLANTIC MEMBERSHIP
Signature of Authorized Officer:	CERTIFIED ONLINE
Date	10/11/2013
Printed name of Authorized Officer:	Roger Cox
Title or position of Authorized Officer:	Chief Financial Officer
Telephone number of Authorized Officer:	910-755-1780
Study Area Code of Reporting Carrier:	230468
Filing Due Date for this form:	10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	230468
<015>	Study Area Name	ATLANTIC MEMBERSHIP
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<035>	Contact Telephone Number - Number of person identified in data line <030>	910-755-1782
<039>	Contact Email Address - Email Address of person identified in data line <030>	lgraff@atmc.coop

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

(800) Operating Companies  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	lgraff@atmc.coop
<810>	Reporting Carrier	Atlantic Telephone Membership Corporation
<811>	Holding Company	
<812>	Operating Company	

[illegible]



**Atlantic Telephone Membership Corporation’s Demonstration of Complying with  
Applicable Service Quality Standards and Consumer Protection rules:**

In establishing this certification in its *2005 ETC Order*,<sup>1</sup> the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”<sup>2</sup> The Commission found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement” and that the sufficiency of other commitments would be considered on a case-by-case basis.<sup>3</sup> In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”<sup>4</sup>

**Atlantic Telephone Membership Corporation** (“Company”) hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company is subject to consumer protection obligations under state law. These obligations include, but are not limited to, the following: jurisdiction of the North Carolina Rural Electrification Authority under N.C. Gen. Stat, Chap 117, for customer complaints.

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<sup>1</sup> *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

<sup>2</sup> *Id.* at para. 28.

<sup>3</sup> *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

<sup>4</sup> *Id.* at n. 72.

**Atlantic Telephone Membership Corporation's**

**Demonstration of Ability to Function in Emergency Situations:**

**Atlantic Telephone Membership Corporation** ("Company") hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)<sup>1</sup> and N.C. Gen. Stat. § 62A. The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. The Company has battery backup at all office locations and in its electronic equipment sites.

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<sup>1</sup> Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

**REDACTED – FOR PUBLIC INSPECTION**

**Atlantic Telephone Membership Corporation - Line 3017**

**ATTACHMENT REDACTED IN ENTIRETY**